

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	429001
<015>	Study Area Name	MARK TWAIN COMMUNICATIONS, CO.
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Denise Dames
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6604236822 ext.34
<039>	Contact Email Address: Email of the person identified in data line <030>	controller@marktwain.coop
	Form Type	54.313 and 54.422

<010>	Study Area Code	429001
<015>	Study Area Name	MARK TWAIN COMMUNICATIONS, CO.
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<210> For the prior calendar year, were there any reportable voice service outages? No

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**(300) Unfulfilled Service Request  
Data Collection Form**FCC Form 481  
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&lt;300&gt; Unfulfilled service request (voice)

0

&lt;310&gt; Detail on attempts (voice)

Name of Attached Document

&lt;320&gt; Unfulfilled service request (broadband)

&lt;330&gt; Detail on attempts (broadband)

Name of Attached Document

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<039>	Contact Email Address - Email Address of person identified in data line <030>	controller@marktwain.coop
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only fixed voice	
<410>	Complaints per 1000 customers for fixed voice	0 . 0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<440>	Complaints per 1000 customers for fixed broadband	
<450>	Complaints per 1000 customers for mobile broadband	

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<039>	Contact Email Address - Email Address of person identified in data line <030>	controller@marktwain.coop
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
429001MO510 .pdf		
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515>	Certify compliance with applicable minimum service standards	

<b>(600) Functionality in Emergency Situations</b>		FCC Form 481
<b>Data Collection Form</b>		OMB Control No. 3060-0986/OMB Control No. 3060-0819
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<039>	Contact Email Address - Email Address of person identified in data line <030>	controller@marktwain.coop
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	429001M0610.pdf



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[illegible]



**(800) Operating Companies  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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<039>	Contact Email Address - Email Address of person identified in data line <030>	controller@marktwain.coop
<810>	Reporting Carrier	Mark Twain Communications Company
<811>	Holding Company	Mark Twain Rural Telephone Company
<812>	Operating Company	Mark Twain Communications Company

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
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&lt;900&gt; Does the filing entity offer tribal land services? (Y/N) No

&lt;910&gt; Tribal Land(s) on which ETC Serves

&lt;920&gt; Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1000) Voice and Broadband Service Rate Comparability  
Data Collection Form**

FCC Form 481

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<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance 429001mo1010.pdf

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Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

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Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

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&lt;1100&gt; Certify whether terrestrial backhaul options exist (Y/N)

Yes

&lt;1130&gt; Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

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429001mo1210.pdf

Name of Attached Document

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

**(2005) Price Cap Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

July 2013

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Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2011> 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.
- <2022> Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.
- <2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.
- <2024A> Round 2 Recipient of Incremental Support?
- <2024B> Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.
- <2025A> Round 2 Recipient of Incremental Support?
- <2025B> Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).
- <2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Name of Attached Document Listing  
Required Information

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Required Information

**(2005) Price Cap Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

July 2013

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

&lt;2016&gt; Certification support used to build broadband

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

&lt;2017A&gt; Connect America Fund Phase II recipient?

&lt;2017C&gt; Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

&lt;2018&gt; Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing  
Required Information

&lt;2019&gt; Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

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Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No) <input type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No) <input type="radio"/> <input type="radio"/>
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No) <input type="radio"/> <input type="radio"/>
(3019)	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	<input type="checkbox"/>
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information



**(3005) Rate Of Return Carrier Additional Documentation (Continued)**

FCC Form 481

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**Financial Data Summary**

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

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4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

**4001.** Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

**4003a.** RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: MARK TWAIN COMMUNICATIONS, CO.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/21/2017
Printed name of Authorized Officer: Jim Lyon	
Title or position of Authorized Officer: Exec V.P. & General Manager	
Telephone number of Authorized Officer: 6604236822 ext.	
Study Area Code of Reporting Carrier: 429001	Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier  
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**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

<b>(700) Price Offerings including Voice Rate Data</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<701>	Residential Local Service Charge Effective Date	1/1/2017
<702>	Single State-wide Residential Local Service Charge	11.25

<703>

[illegible]

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[illegible]

## **Service Quality Standards & Consumer Protection Rules Compliance:**

### **Consumer Protection**

#### Voice and Broadband

Mark Twain Communications Company complies with the requirements of 47CFR Part 64 Subpart U, Customer Proprietary Network Information and the Federal Trade Commission Red Flag Rules to prevent identity threat. A manual for each of those programs is in place and is part of the employees' handbook. Employee training is conducted annually and new hires are instructed on the programs as required by their job functions.

### **Service Quality Standards**

#### Voice

Mark Twain Communications Company complies with the consumer protections, quality of service standard, service objective level, customer inquiry and customer dispute provisions of the state of Missouri. Mark Twain Communications Company is committed to providing the highest quality service to its customers.

#### Broadband

Mark Twain Communications Company complies with the service standards as established by state regulatory commission. Mark Twain Communications Company follows the highest service standards and is committed to provide the highest quality service to its broadband customers.



## **Mark Twain Communications Company Ability to Function in Emergency Situations**

Mark Twain Communications Company (“Company”) hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)<sup>1</sup> and the Missouri Code of State Regulations. The Company’s network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery reserve that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. The Company has battery backup at all office locations and in its electronic equipment sites and has a maintenance program in place.

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<sup>1</sup> Section 54.202(a)(2) requires ETCs that are designated by the Commission to “demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”

429001mo1010

## The Mark Twain Communications Company

### Voice Services Rate Comparability

As evidenced by the data provided in line 700 of this Form 481, Mark Twain Communications Company's voice service pricing is no more than 2 standard deviations above the national average urban rate (\$49.51) as announced by the Wireline Competition Bureau on February 14, 2017 (DA 17-167)

# Affordable Phone Service

as low as



## \$4.75/month\*

\*This monthly rate does not include applicable local, 911, state and federal taxes.

The Missouri Universal Service Fund is a state program which is divided into two sections— Lifeline and Disabled. Low-income customers receive both state and federal funds. Disabled customers received only state support. The discount varies between \$6.50 and \$15.75 depending on your method of qualification. Lifeline service offers a monthly federal discount of \$9.25 (for Voice or Broadband Internet) and state discount of \$6.50 (Voice or a service bundle of Voice and Broadband) for a total monthly discount of up to \$15.75. The Disabled Program offers a \$6.50 (Voice) monthly discount.

If you or a dependent residing in your household are receiving benefits from one or more of the programs listed below, please contact Mark Twain Communications Company at 660-423-6822 for more information. The office hours are 8:00 a.m. to 4:45 p.m., Monday thru Friday.

### LIFELINE PROGRAM

- MO HealthNet (f/k/a Medicaid)
- Supplemental Nutrition Assistance (Food Stamps)
- Supplemental Security Income
- Veterans and Survivors Pension Benefit
- Federal Public Housing Assistance (Section 8)
- 135% of the Federal Poverty Level

### DISABLED PROGRAM

- Veteran Administration Disability Benefits
- State Blind Pension
- State Aid to Blind Persons
- State Supplemental Disability Assistance
- Federal Social Security Disability

## Mark Twain Communications Company

### Missouri Application for the Lifeline or Disabled Programs

Consumers meeting certain eligibility criteria are able to receive monthly discounts for telecommunications service through the Lifeline Program or the Disabled Program. Lifeline service offers a monthly federal discount of \$9.25 (for Voice or Broadband Internet) and state discount of \$6.50 (Voice or a service bundle of Voice and Broadband) for a total monthly discount of up to \$15.75. The Disabled Program offers a \$6.50 (Voice) monthly discount. To apply, complete this form and also submit **proof of eligibility**.

Eligibility Criteria	
Lifeline Program	Disabled Program
<input type="checkbox"/> MO HealthNet (f/k/a Medicaid) <input type="checkbox"/> Supplemental Nutrition Assistance (Food Stamps) <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Veterans and Survivors Pension Benefit <input type="checkbox"/> Federal Public Housing Assistance (Section 8) <input type="checkbox"/> 135% of the Federal Poverty Level <i>(See next page for income threshold requirements)</i>	<input type="checkbox"/> Veteran Administration Disability Benefits <input type="checkbox"/> State Blind Pension <input type="checkbox"/> State Aid to Blind Persons <input type="checkbox"/> State Supplemental Disability Assistance <input type="checkbox"/> Federal Social Security Disability

**Lifeline Program – Choose ONE service to apply the discount:** *(check with provider for availability)*

☐ Telephone    
 ☐ Broadband Internet Access Service (“BIAS”)    
 ☐ Service Bundle (Phone and BIAS)

<b>Applicant's Full Name:</b>	<b>Birth Date:</b>	<b>Social Security # (last 4 digits):</b>	<b>DCN:*</b>
<b>Name on Service Account &amp; Relationship to Applicant</b> <i>(If different from Applicant):</i>		<b>Customer Contact Telephone Number:</b>	
<b>Customer's Full Residential Service Address</b> <i>(no P.O. Boxes):</i> Street:  City, Town, Zip:		<b>Is this address a temporary address?</b> Yes / No <i>(circle the appropriate response)</i> <i>(If “yes” then must verify address every 90 days.)</i>	
		<b>Is this address occupied by multiple households?</b> Yes/No <i>(circle the appropriate response)(If “yes” or if Lifeline program records indicate another person at this address is already receiving a Lifeline Program benefit then you must complete the separate Lifeline Household Worksheet.</i>	
		<b>Is this address also my billing address?</b> ____ Yes ____ No <i>(If “no” please provide billing address):</i>	

*\*This number is assigned to program participants of MO HealthNet and Food Stamps.*

**I understand the following obligations and provisions about the Lifeline and Disabled programs:**

- The Lifeline and Disabled programs are government benefit programs and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline or Disabled service is available per household.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline or Disabled benefits from multiple providers or combine Lifeline and Disabled program benefits.
- Violation of the one-per-household limitation constitutes a violation of rules and will result in the subscriber's de-enrollment from the program.
- Lifeline and the Disabled program are non-transferable benefits and the subscriber may not transfer his or her benefit to any other person.

**I CERTIFY UNDER PENALTY OF PERJURY THAT (PLEASE INITIAL NEXT TO EACH STATEMENT):**

- ☐ I meet the eligibility criteria for the Lifeline program or the Disabled program.
- ☐ I will provide notification to my telecommunications provider within 30 days if for any reasons I no longer satisfy the criteria for receiving Lifeline or Disabled benefits including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline or Disabled support, I receive more than one Lifeline or Disabled benefit, or another member of my household is receiving a Lifeline or Disabled benefit.
- ☐ If I move to a new address I will provide that new address to my telecommunications provider within 30 days.
- ☐ If I have a temporary residential address then I will be required to verify my address with my telecommunications provider every 90 days.
- ☐ My household will receive only one Lifeline or Disabled service and, to the best of my knowledge, my household is not already receiving a Lifeline or Disabled service.
- ☐ I acknowledge the obligation to re-certify my continued eligibility for Lifeline or Disabled benefits at any time and failure to re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline or Disabled benefits.
- ☐ I consent to providing any records required to the Universal Service Administrative Company for the purpose of verifying I do not receive more than one Lifeline benefit. I also consent to sharing my account information with the Federal Communications Commission and Missouri Public Service Commission and their agents and designees who oversee and administer the Lifeline or Disabled programs.
- ☐ I certify I have \_\_\_\_ individuals in my household.  
(Initial and complete only if qualifying under income threshold.)

**The information supplied on this form is true and correct.**

**I acknowledge providing false or fraudulent information to receive Lifeline or Disabled benefits is punishable by law.**

\_\_\_\_\_  
**Signature of Customer**

\_\_\_\_\_  
**Date**

**Submit a completed signed form and proof of eligibility.**

Annual Income Thresholds for Meeting 135% of Federal Poverty Level (Based on Household Size)								
1	2	3	4	5	6	7	8	Each add'l person
\$16,281	\$21,924	\$27,567	\$33,210	\$38,853	\$44,496	\$50,139	\$55,782	+ \$5,643/person

*Acceptable documentation for meeting the criteria of 135% of the federal poverty level includes: a copy of prior year's state or federal tax return; paycheck stub (three consecutive months); a statement of benefits for Social Security, Veterans Administration, retirement/pension or Unemployment/Workmen's Compensation; or other legal documents showing current income (e.g. divorce decree, child support award). Any documentation must cover a full year or three consecutive months within the previous twelve months.*

**Company Use Only:**

**I hereby attest the applicant presented acceptable proof of eligibility:**

\_\_\_\_\_  
**Print name of company official**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Mail application and proof of eligibility (if applicable) to:  
MARK TWAIN COMMUNICATIONS COMPANY  
P.O. Box 128, 48054 State Hwy 6, Hurdland, MO 63547**

## Lifeline Household Worksheet

This Worksheet is not applicable for the Disabled Program.

***Only one Lifeline Program-supported service per household (either wireless or landline telephone, Broadband Internet, or a cell phone data plan) is allowed under Federal law.***

Your **household** is everyone who lives together at your address and contributes to, or shares in, the income and expenses of the household. Household expenses include food, health care expenses, and the cost of renting or paying a mortgage on your place of residence and utilities. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Answer the questions below to determine if there is more than one household living at your address, and if your household already receives a Lifeline Program benefit. Providing false information on this form may result in losing your Lifeline service and/or criminal penalties.


1. Does another adult (age 18 or emancipated minor) live with you AND have a Lifeline-discounted service or a "free" wireless Lifeline service? For example, husband, wife, domestic partner, parent, son, daughter, another relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.), a roommate, or another person.

\_\_\_\_\_ **No.** You are **ELIGIBLE** for Lifeline because no one in your household has Lifeline. Please **SIGN below** to certify that this is true and complete the rest of this form.

\_\_\_\_\_ **Yes.** Please answer question 2 below.

2. Do you share expenses for bills, food, or other living expenses AND share income (salary, public assistance benefits, social security payments or other income) with the person in question #1 that has a Lifeline-discounted service?

\_\_\_\_\_ **No.** You are **ELIGIBLE** for Lifeline because no one in your household has Lifeline. Please **SIGN below** to certify that this is true and complete the rest of this form.

\_\_\_\_\_ **Yes.**  Do NOT complete the rest of this form. You are **NOT ELIGIBLE** because someone in your household already has Lifeline.

**I certify that the information provided above is true and that no one in my household already has Lifeline. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline benefits, and may be prosecuted by the United States government for violating the rules.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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All of our Lifeline customers receive unlimited local minutes and they have an equal access choice of long distance carriers for toll plans and the long distance carriers determine the rates, terms and conditions of each plan, not Mark Twain Communications Company.



June 20, 2017

Ms. Marlene H. Dortch  
Secretary  
Federal Communications Commission  
9300 East Hampton Drive  
Capitol Heights, MD 20743

Re: WC Docket No. 14-58, 2017 Annual Report, Form 481 for High-Cost Recipient  
54.313(f)(1) "Public Interest Obligation"

Dear Ms. Dortch:

In compliance with the filing requirements associated with, and attached to Form 481, we wish to advise the Commission that Mark Twain Communications Company provides High Speed Internet service to its customers and:

- Has taken reasonable steps to provide upon reasonable request broadband service at actual speeds of 10 Mbps downstream / 1 Mbps upstream;
- Provides latency suitable for real-time applications and usage capacity which is reasonably comparable to those in urban areas and;
- That reasonable requests for service are met within a reasonable timeframe.

If a request for broadband service at actual speeds of at least 10 Mbps downstream / 1 Mbps upstream is unreasonable, and offering broadband service at actual speeds of at least 6 Mbps downstream / 1 Mbps upstream is reasonable, our company offers broadband service at actual speeds of at least 6 Mbps downstream / 1 Mbps upstream at pricing that meets the Wireline Competition Bureau's broadband reasonable comparability service rates benchmark.

If there are questions, I may be contacted at 660-423-6822

Sincerely,

Jim Lyon  
Executive V.P. & General Manager

S u b s i d i a r y   o f   M a r k   T w a i n   R u r a l   T e l e p h o n e   C o .

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P.O. Box 128, Hwy 6 E. Hurdland, MO 63547-0128 Phone: (660) 423-6822 Fax: (660) 423-5496